

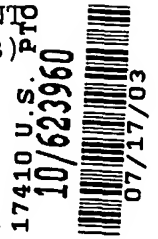
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

David F. Arlasky
Serial No.: not assigned yet
Filed: Herewith
Title: Improved Muffler
Group Art Unit: not yet assigned
Examiner: not yet assigned

EXPRESS MAIL CERTIFICATE

) Pursuant to 37 C.F.R. § 1.10, I hereby
) certify that this paper (along with any
) paper identified as being attached or
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) Mail Stop Patent Application,
) Commissioner for Patents, P.O. Box 1450,
) Alexandria, VA 22313-1450.

) *Frank Z. Yang* July 21, 2003
) Frank Z. Yang (35,417) Date
) Express Mail Label EL 878864301 US



Utility Patent Application Transmittal

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please find the following elements for the above-captioned utility patent application:

1. The present utility patent transmittal form (2 pp.).
2. Fee Transmittal Form (2 pp. original; 2 pp. duplicate).
3. Application (13 pp. total: 6 pp. description, 1 p. abstract, 4 pp. claims, 2 pp. figures).
4. Executed new Combined Declaration and Power of Attorney to Martin Faier (Reg. No. 20,294) and Frank Z. Yang (Reg. No. 35,417) of Faier and Faier, P.C. (1 p.).
5. Return Receipt Postcard (MPEP 503).

6. Small Entity Statement.

7. A check in the amount of \$375.00 (see Fee Transmittal Form).

Inventors:

1. David F. Arlasky, a citizen of the United States of America, residing in Huntington Beach, California, U.S.A.

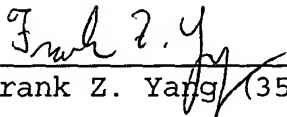
Correspondence Address:

Please Direct all correspondence to the address below:

Faier and Faier, P.C.
566 West Adams Street
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Telephone: 312-382-9500
Facsimile: 312-382-9200

Date: July 21, 2003

Respectfully submitted,
Faier and Faier, P.C.


Frank Z. Yang (35,417)

PATENT
DOCKET NO. 7444 (284*3)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

David F. Arlasky)
Serial No.: not assigned yet) Group Art Unit: not yet assigned
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Title: Improved Muffler)

Fee Transmittal Form

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In conjunction with a new patent application filed herewith, Applicants calculate the required filing fees below. This form is being transmitted in duplicate:

	Number of Claims		Extra Claims	Rate	Cost
Total Claims	20	- 20	0	X \$18.00	\$0.00
Independent Claims	3	- 3	0	X \$84.00	\$0.00
Multiple Dependent Claims (if applicable)				\$280.00	\$0.00
Basic Fee					\$750.00
Subtotal					\$750.00
Small Entity Reduction (37 C.F.R. 1.9 and 1.28)				divide by 2	\$375.00

A check for \$375.00 to cover the filing fee is enclosed.

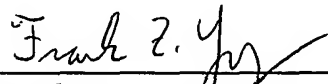
Deposit Account Authorization:

The Commissioner is hereby authorized to charge any additional fees which may be required in the filing of this application to Deposit Account No. 06-0040. In the case of overpayment, please credit the same account.

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